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## BIB DATA SHEET

CONFIRMATION NO. 7168

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.  |                               |                                    |
|---|---|--|-----------------------------------|---|-------------------------------|------------------------------------|
| 10/667,203  | 09/18/2003  | <del>700</del><br>707                                    | 2167                              | 3336.1008-001   |                               |                                    |
| <b>APPLICANTS</b><br>Foster D. Hinshaw, Somerville, MA;<br>Raymond A. Andraka, Kingstown, RI;<br>David L. Meyers, Shrewsbury, MA;<br>Sharon L. Miller, Boxborough, MA;<br>Michael Sporer, Wellesley, MA;<br>William K. Stewart, Lexington, MA;<br>Barry M. Zane, Wayland, MA;<br>Yes /KL/ |   |  |                                   |   |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/412,057 09/19/2002<br>and claims benefit of 60/411,686 09/18/2002<br>No /KL/   |   |  |                                   |   |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |                                   |   |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/12/2003  |   |  |                                   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /KIMBERLY M<br>LOVEL/<br>Acknowledged Examiner's Signature             |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>MA | <b>SHEETS<br/>DRAWINGS</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>14 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>HAMILTON, BROOK, SMITH & REYNOLDS, P.C.<br>530 VIRGINIA ROAD<br>P.O. BOX 9133<br>CONCORD, MA 01742-9133<br>UNITED STATES  |   |  |                                   |   |                               |                                    |
| <b>TITLE</b><br>Intelligent storage device controller   |   |  |                                   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |